This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09

Total Fee Calculation

| | Fee Code | Total # Claims | Number Extra | _X_ | Fee | Fee = | T |
|-----------------------------|---------------|-------------------|-----------------|-----|------------|------------------|-------------|
| | Sm∕Lg. | | | | Sm. Entity | Lg. Entity | Total |
| Basic Filing Fee | 201/101 | | | | | -g. <i>Lam</i> , | (Q) |
| Total Claims >20 | 203/103 | 12 -20 = | | Х | | = | 690 |
| Independent Claims >3 | 202/102 | | | x | | = | |
| Mult. Dep Claim Present | 204/104 | | | Λ | | = | |
| Surcharge | 205/105 | | | | | = | |
| English Translation | 139 | | | | | = | 130/65 |
| TOTAL FEE CALCULA | TION . | | | | | | 820 |
| Fees due upon filing th | e application | : | | | | | |
| Total Filing Fees Due = | = S | 820 | | | | - . | |
| Less Filing Fees Submit | tted - \$ | 0 | | | | | |
| RALANCE DUE | = \$ | 820 | | | | | |
| Office of Initial Patent Ex | Van: | | | | | | |
| | ammanon | | | | | | • |

Figurë 7

FORM: (1)PE-RAM-01 (Rev. 12/97)